EXHIBITOR REGISTRATION

|  |  |
| --- | --- |
| **Company Name** |  |
| **Company Address** |  |
| **City, State & Zip** |  |
| **Home Contact Name** |  |
| **Email** |  |
| **Phone Number** |  |
| **Fax** |  |
| **Local Representative** |  |
| **Email** |  |
| **Phone Number** |  |
| **Meeting Date** |  |
| **Vegetarian or Non-vegetarian** |  |

ADDITIONAL REPS

|  |  |
| --- | --- |
| **Local Representative** |  |
| **Email** |  |
| **Phone Number** |  |
| **Local Representative** |  |
| **Email** |  |
| **Phone Number** |  |

FEES

|  |  |
| --- | --- |
| **Meeting Fee – 1 Rep** | $250.00 |
| **Additional Rep** | $160.00 |
|  |  |
| **Exhibitor Fee Subtotal** |  |
| **Additional Rep Subtotal** |  |
| **Total Enclosed** |  |
| **Please make check payable to WSSOMS and mail to:**  **WSSOMS**  **Attention: Alma**  **1855 156th Ave N.E. Ste101**  **Bellevue, WA 98007** | |

**We appreciate your support of our organization!**